



METHODIST COLLEGE OF HEALTH SCIENCES

MAUA Campus



PO BOX 63 - 60600, MAUA, IGEMBE SOUTH

Mobile 0724032446

Email: methodistmedicalcollege@gmail.com

APPLICATION FOR ADMISSION

Date: _____

PERSONAL DETAILS: -

Surname _____ Other Names _____

Date of Birth _____ Nationality _____

Gender: - Male Female Marital Status: - Single Married Other

Mobile Number _____ Email address _____

Postal Address _____ Postal Code _____ Town: _____

Citizenship _____ ID/Passport Number _____

PERSONAL HEALTH INFORMATION:

Please describe your general health: - Excellent Good Fair Poor

Do you have any medical condition(s)? yes / no If 'yes' please explain _____

Do you have any physical impairment(s)? yes / no If 'yes' please explain _____

Do you have any special dietary requirement(s)? yes / no If 'yes' please explain _____

Do you, or have you ever :-

Smoked? yes / no Drunk alcohol? yes / no Used addictive drugs? yes / no

FAMILY INFORMATION:

Father's name: _____

Mother's name: _____

Address _____

Address _____

Telephone _____

Telephone _____

Email _____

Email _____

Nationality _____

Nationality _____

Occupation _____

Occupation _____

Religious affiliation _____

Religious affiliation _____

Name of legal guardian if not parent(s) _____

Occupation of legal guardian if not parent(s) _____

Address of legal Guardian(s) _____

E-mail of legal Guardian(s) _____

TYPE OF ADMISSION: [Please tick appropriately]

Learning Mode Preferred		Accommodation Type Preferred		
Full-time:	<input type="checkbox"/>	Boarder:	<input type="checkbox"/>	
Distance Learning (DLM):	<input type="checkbox"/>	Day Scholar:	<input type="checkbox"/>	

COURSE APPLIED FOR: _____

DECLARATION: I _____ hereby apply for admission at Methodist College of Health Sciences and confirm that the information provided above is correct to the best of my knowledge. I understand that the College reserves the right to deny or cancel admission if any information given in this form is proved false.

Reporting Date: _____ A Non-refundable Application Fee of 1,000.00 is applicable.

Where did you hear about Methodist College of Health Sciences?

Friends _____ Radio/TV _____ Career Clinic: _____ Others [Specify] _____

Who is sponsoring your course of choice? _____

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY: DO NOT WRITE ON THIS SECTION

Date Applied: _____	Date Form Returned: _____
Date Application Fee Paid: _____	Receipt Number: _____
Documents Submitted: All ___ Partial ___ None ___	State Missing documents if any _____ _____
Admission Status _____	Comments: _____

This form should be returned 2 weeks before reporting date

MPESA Pay bill 960940 / Barclays Bank: 013-2307938 / KCB Bank 1210596504

Methodist College of Health Sciences: Learning to serve

Updated: March 22, 2023